

#### **IV. AFRICAN AMERICAN**

## INTRODUCTION

The African American or Black racial group (subsequently referred to as “Black”) is the largest non-White racial group in the United States, accounting for 13% of the entire U.S. population (Exhibit 4-1). In this study, the Black subgroup is defined to exclude persons of Hispanic/Latino origin who identify themselves as Black—unless otherwise indicated. This exclusion reduces the Black population under study by about 5%. The group with which Blacks are compared in this chapter is non-Hispanic/Latino Whites, who are referred to as “White” in the remainder of this study.

### EXHIBIT 4-1. DISTRIBUTION OF POPULATION BY RACE AND HISPANIC/LATINO ORIGIN STATUS, AS OF JANUARY 1, 1998 (PERCENT)

Race	Non-Hispanic/Latino Origin	Hispanic/Latino Origin	Total
White	72.3	10.0	82.3
Black	12.0	0.6	12.7
Other	4.7	0.4	5.0
Total	89.0	11.0	100.0

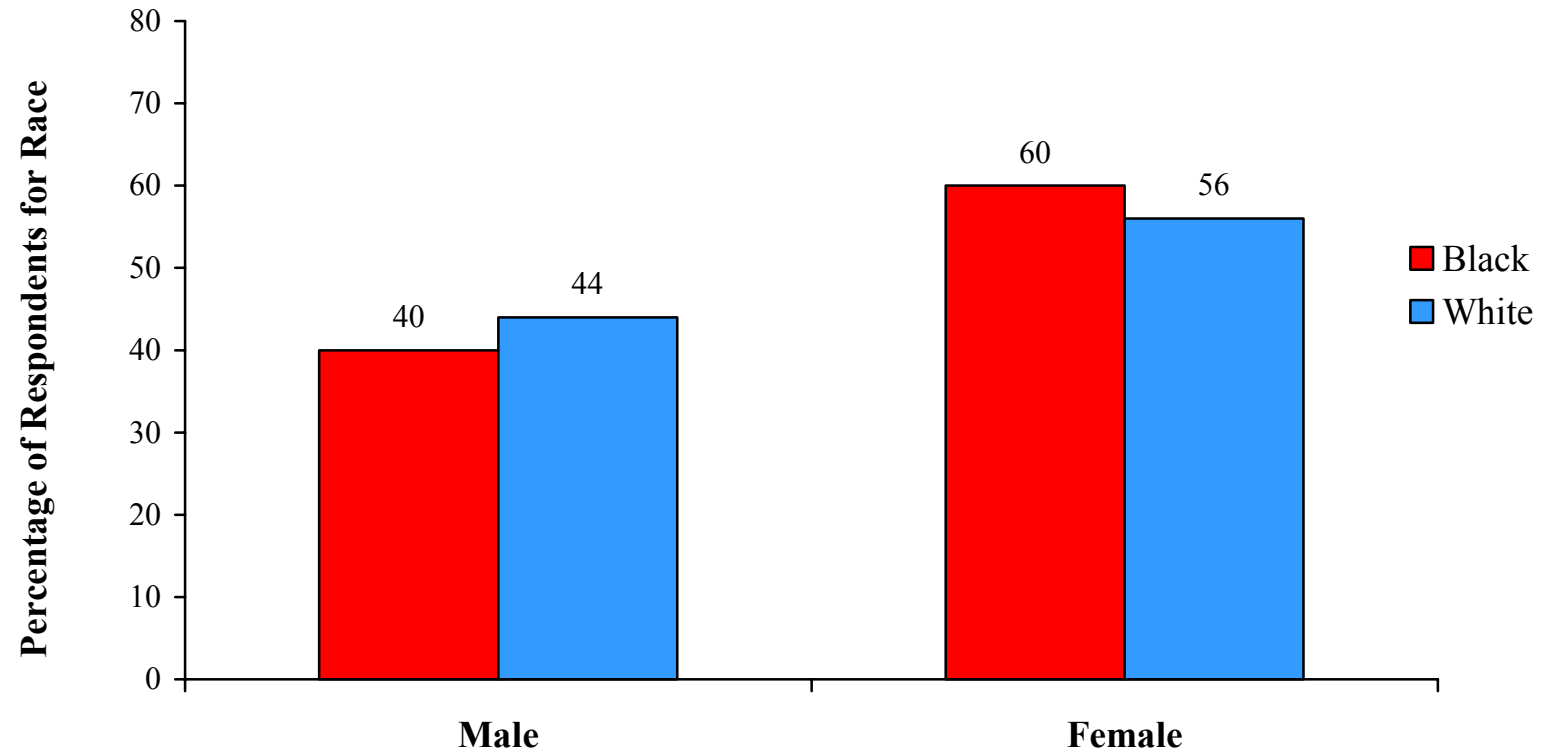
Source: U.S. Census Bureau, *Statistical Abstract of the United States: 1999*.

#### Medicare Managed Care CAHPS Enrollees

The remainder of this chapter presents information on the characteristics of persons enrolled in Medicare Managed Care (MMC) plans who participated in one of the CAHPS surveys from 1997 to 1999. These statistics are generalizable to the MMC population as a whole. References are occasionally made to statistics on all Medicare beneficiaries or the elderly population.

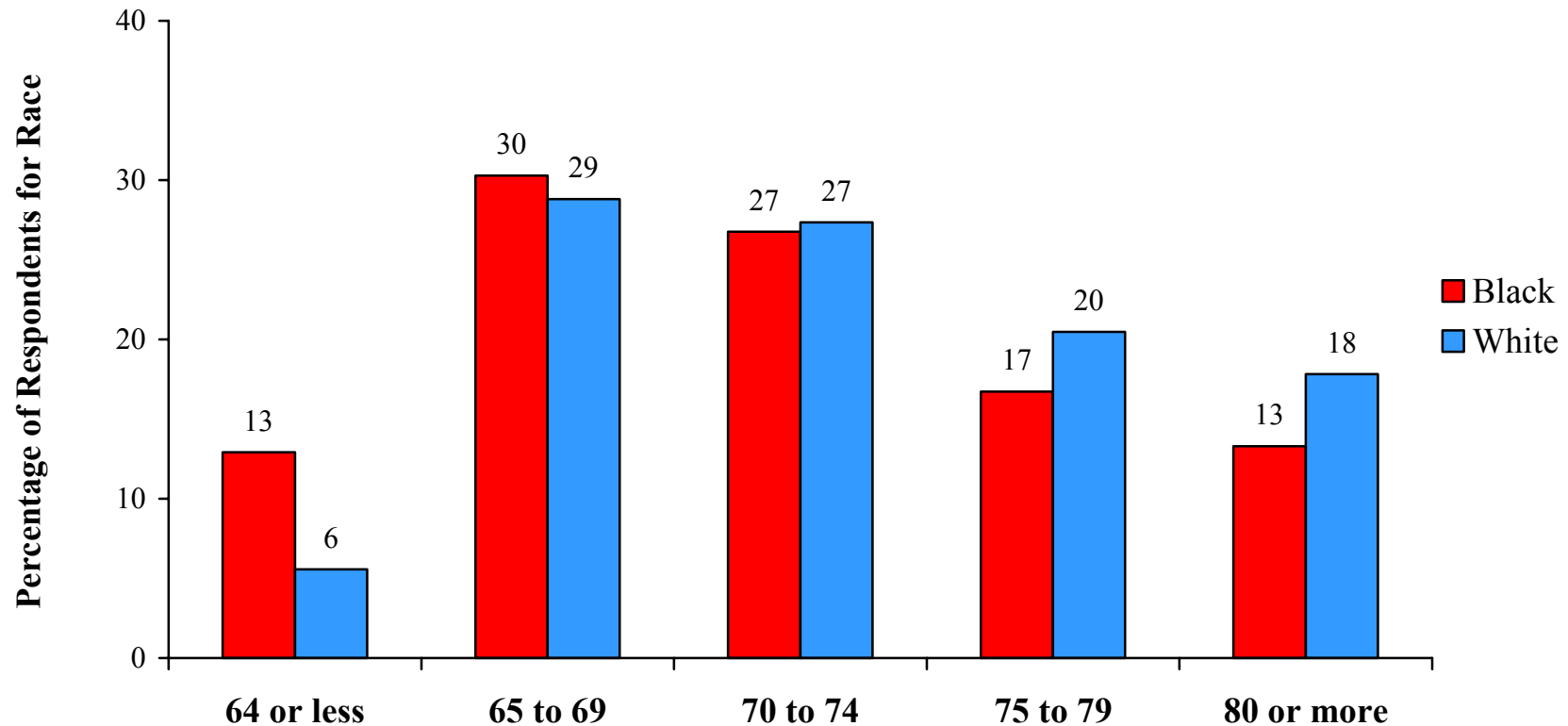
The information is organized by sociodemographics, health status, health conditions, health care utilization, provider stability, and current and former tobacco use.

## **SOCIODEMOGRAPHICS**

**EXHIBIT 4-2. GENDER DISTRIBUTION OF MMC CAHPS ENROLLEES, BLACK VS. WHITE**

Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

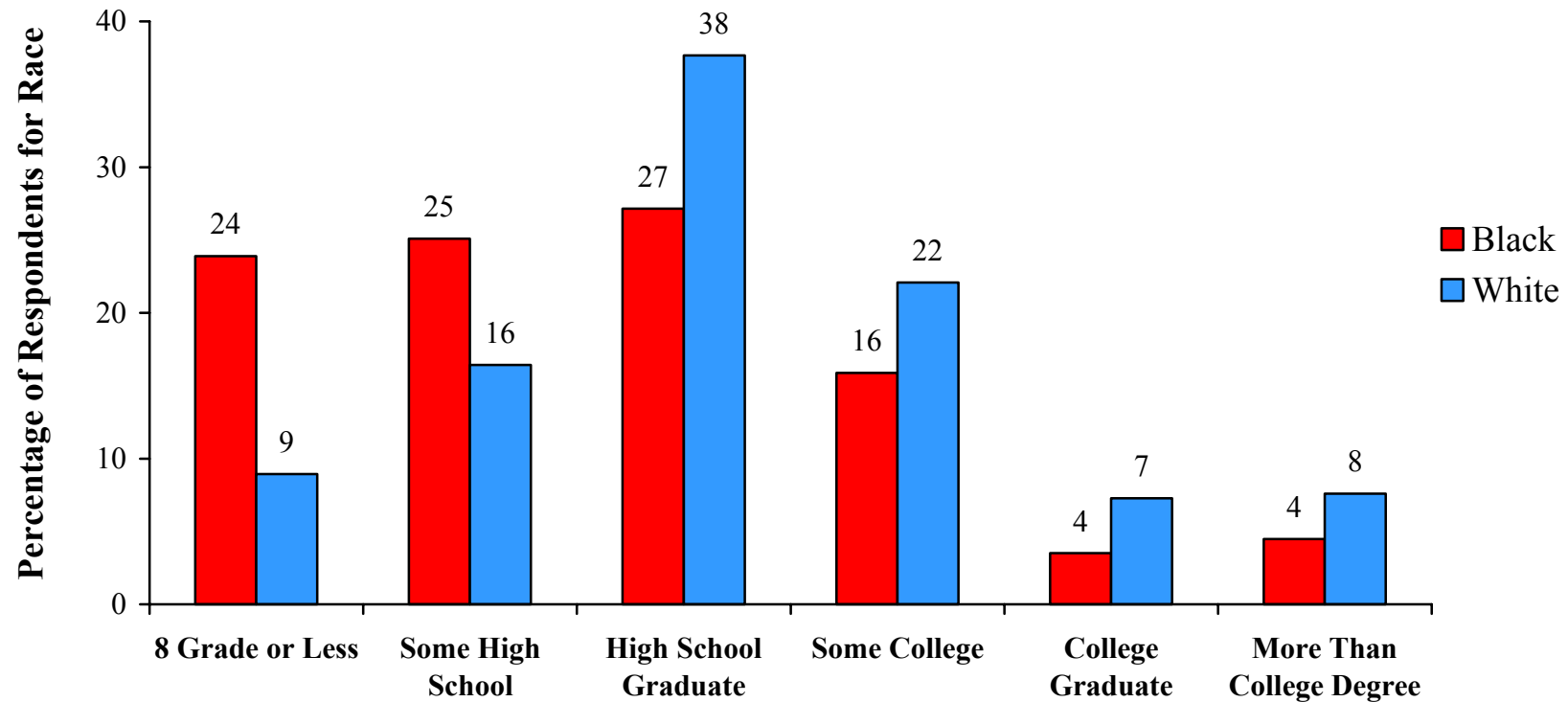
- ❖ The Black MMC enrollee group has proportionately fewer males compared with the White MMC enrollee group.

**EXHIBIT 4-3. AGE DISTRIBUTION OF MMC CAHPS ENROLLEES, BLACK VS. WHITE**

Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

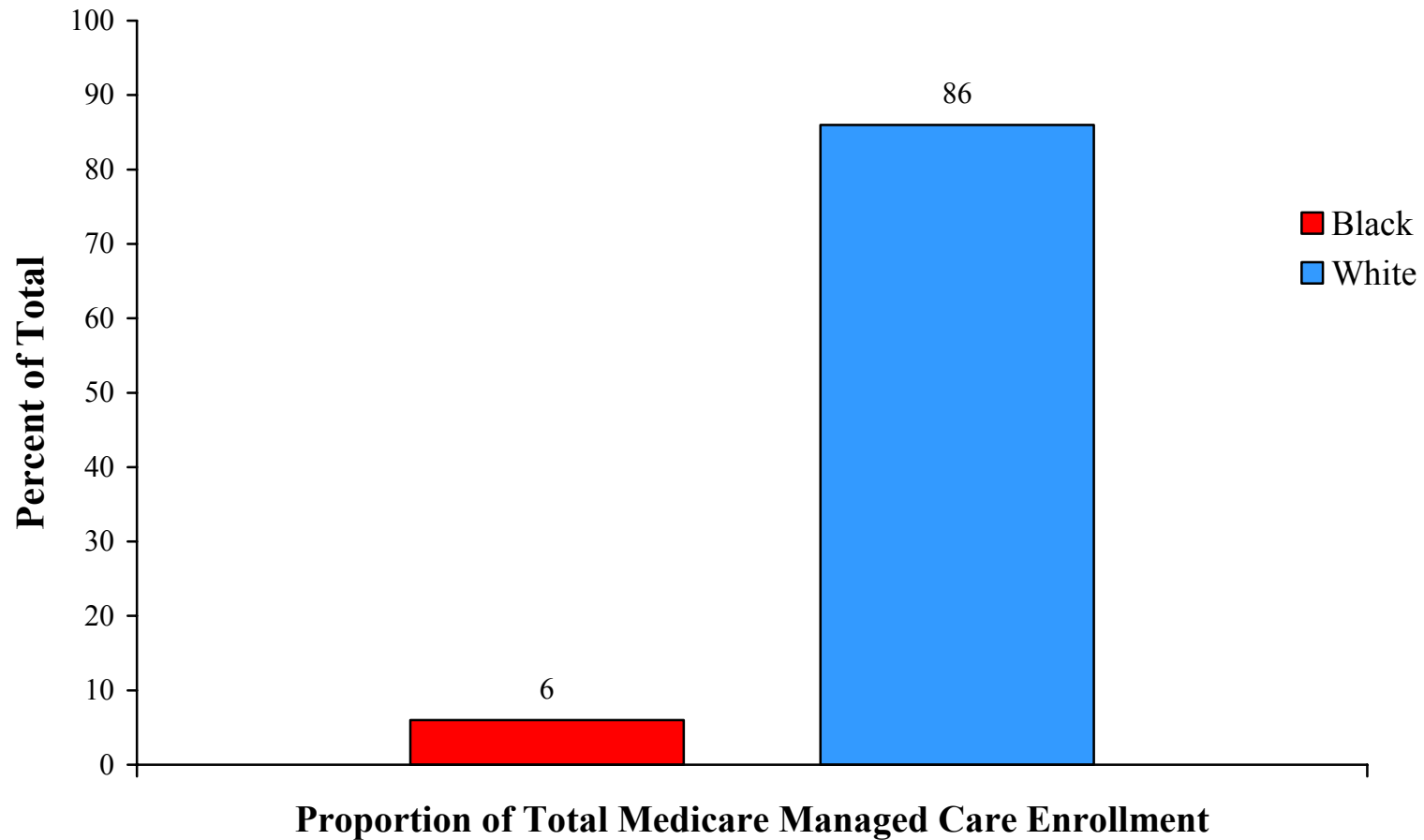
- ❖ Thirteen percent of Black MMC enrollees are under the age of 65, compared with 6% of Whites.
- ❖ A **smaller** percentage of Blacks than Whites are in each of the over-70 age groups.

### EXHIBIT 4-4. MAXIMUM EDUCATIONAL ATTAINMENT OF MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Nearly one-half of Black MMC enrollees did not complete high school, compared with one-fourth of White MMC enrollees.
- ❖ Eight percent of Blacks—and 15% of Whites—graduated from college.

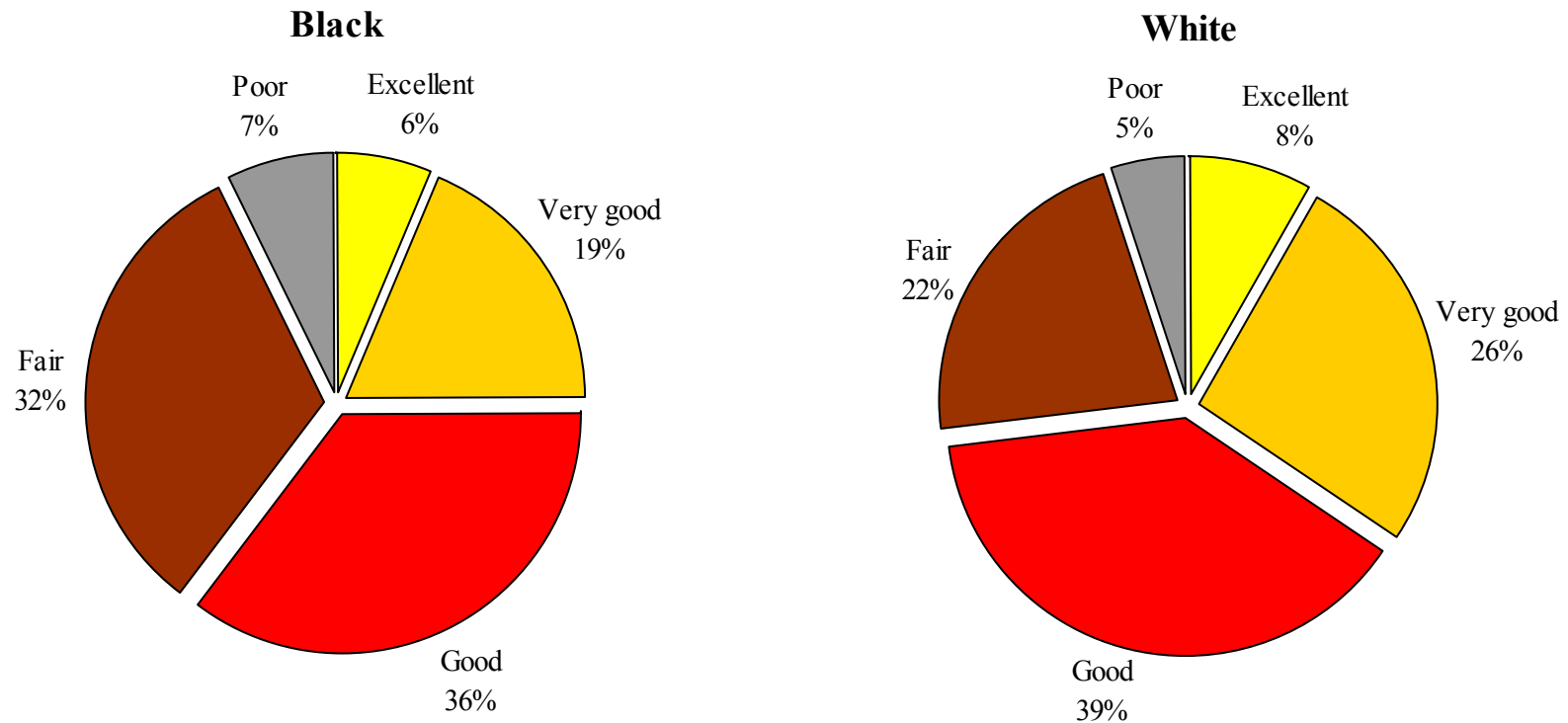
**EXHIBIT 4-5. MEDICARE MANAGED CARE ENROLLMENT, BLACK VS. WHITE**

Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

❖ Blacks constitute 6% of Medicare HMO enrollees and Whites account for 86%.

## HEALTH STATUS

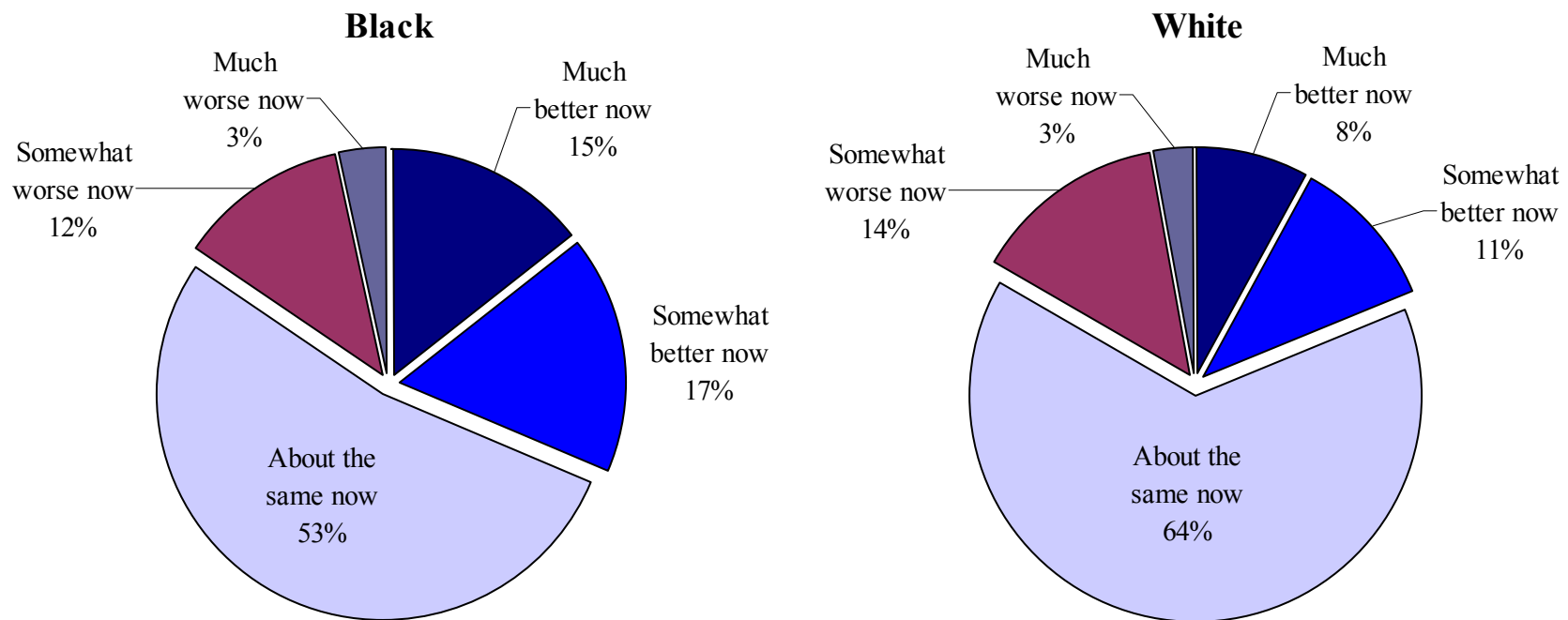


**EXHIBIT 4-6. OVERALL HEALTH AMONG MMC CAHPS ENROLLEES, BLACK VS. WHITE**

Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ **One-third** of Whites but only **one-fourth** of Blacks rated their overall health as “Excellent” or “Very Good.”
- ❖ “Fair” or “Poor” health was cited by **39%** of Blacks, compared with just **27%** of Whites.

## EXHIBIT 4-7. HEALTH NOW COMPARED WITH ONE YEAR AGO AMONG MMC CAHPS ENROLLEES, BLACK VS. WHITE

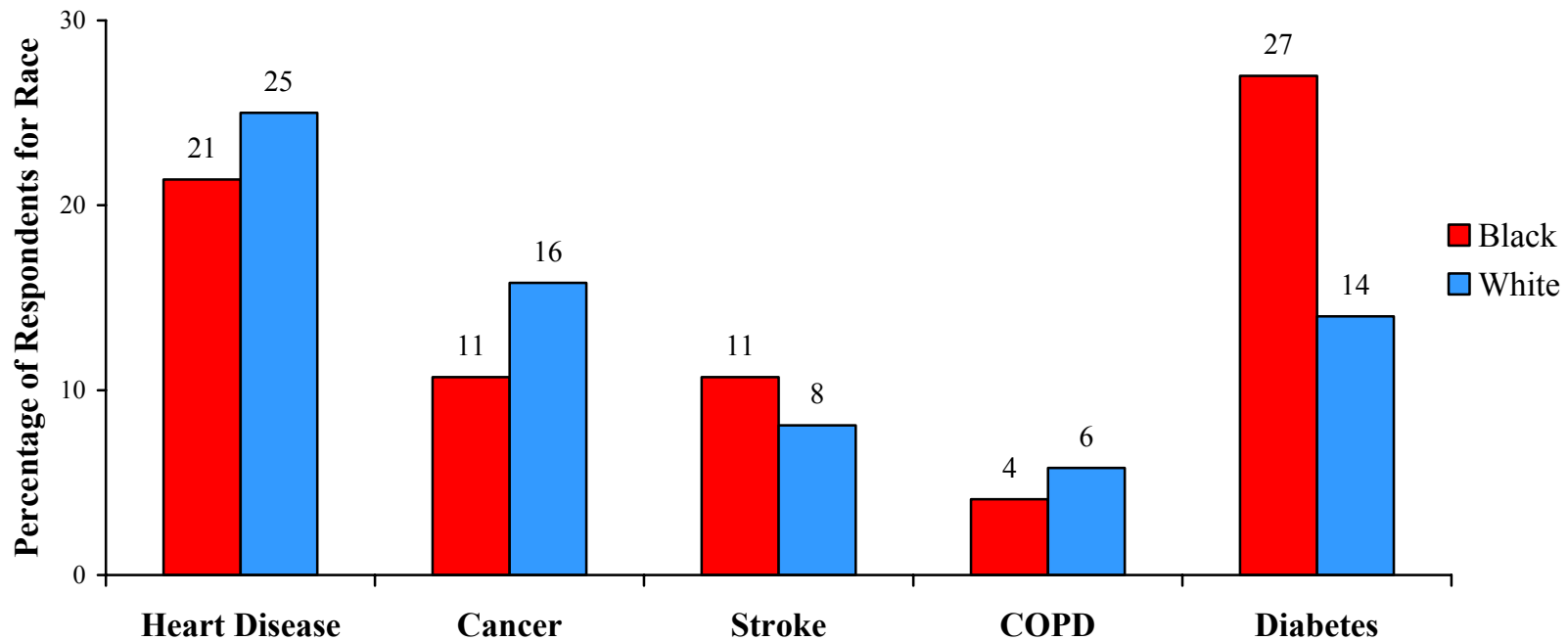


Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ A much **higher** percentage of Blacks (32%) than Whites (19%) rated their health as “Much better now” or “Somewhat better now” compared with one year ago.
- ❖ Almost two-thirds of Whites said their health had **not changed** in the last year, compared to 53% of Blacks.

## **HEALTH CONDITIONS**

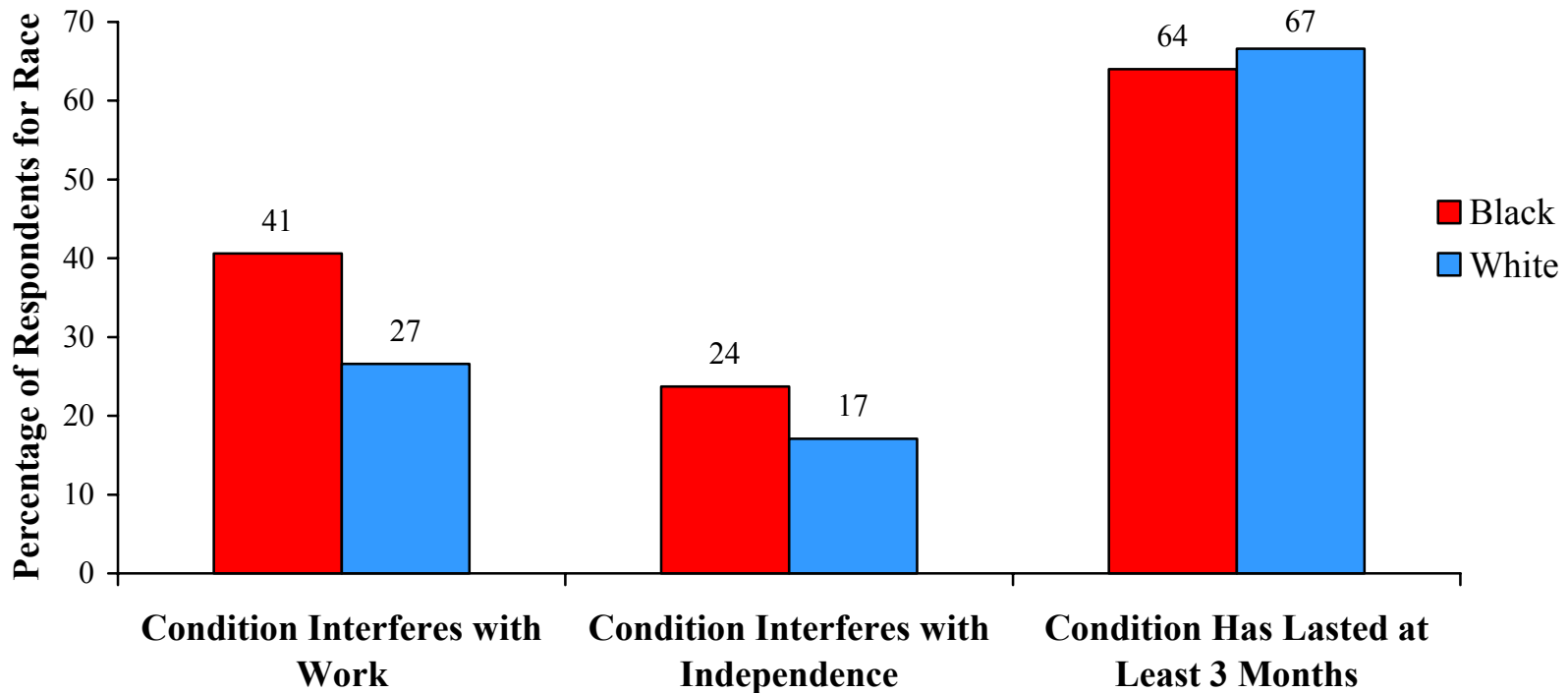
### EXHIBIT 4-8. FIVE HEALTH CONDITIONS REPORTED BY MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Diabetes is the **top** reported disease among Black MMC enrollees. Blacks report nearly twice as often as Whites that they have diabetes.
- ❖ Stroke is also **more** common among Blacks than Whites.
- ❖ Blacks are **less** likely than Whites to report ever having been told by a doctor that they had such conditions as heart disease, cancer, or COPD.

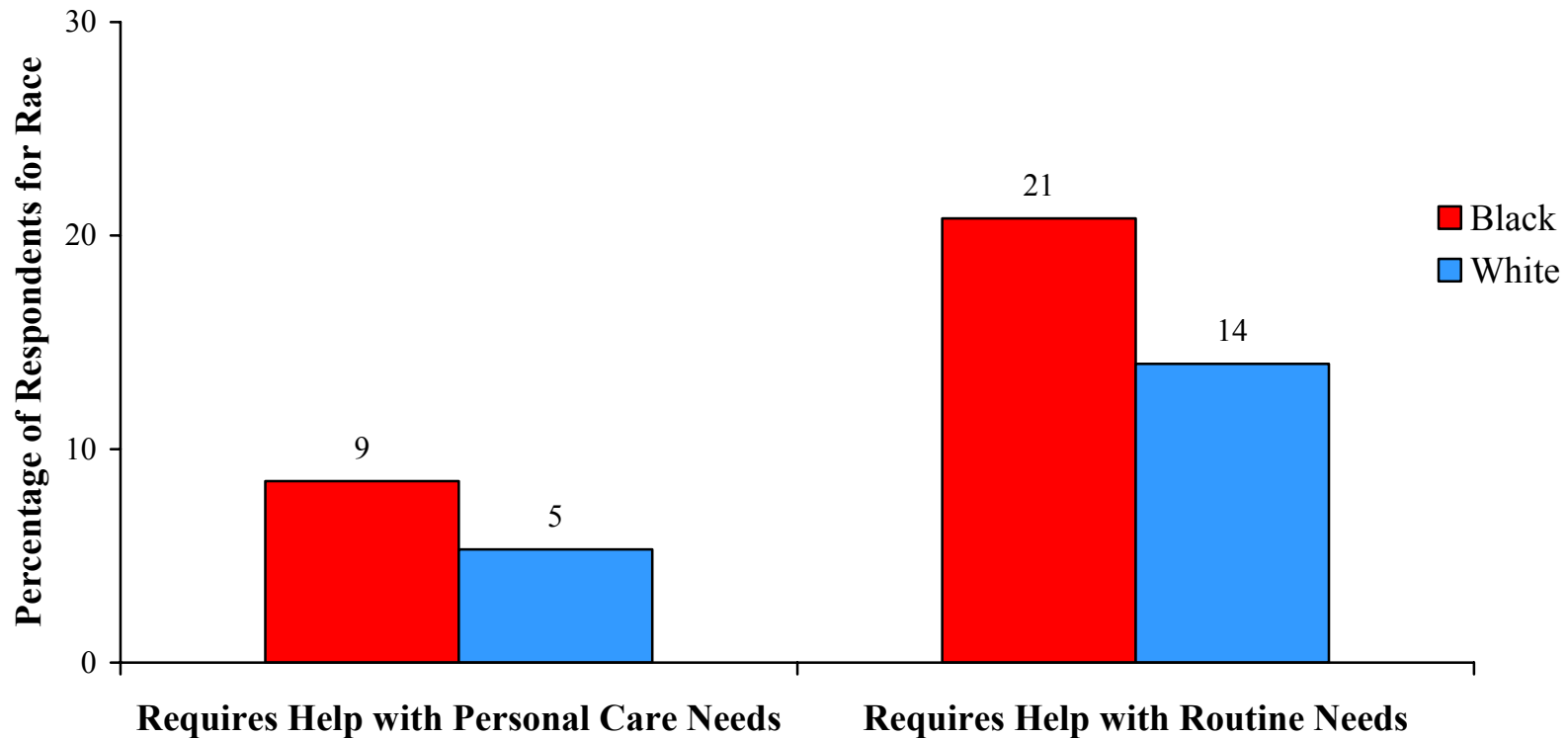
### EXHIBIT 4-9. HEALTH CONDITIONS THAT INTERFERE WITH WORK OR INDEPENDENCE FOR MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Black MMC enrollees are much **more** likely than Whites to have a condition that interferes with their work.
- ❖ Blacks are somewhat more likely than Whites to have a condition that interferes with their independence.
- ❖ Blacks and Whites differ only slightly in reporting a health condition that has lasted for at least three months.

### EXHIBIT 4-10. NEEDS REQUIREMENTS RELATED TO HEALTH CONDITIONS FOR MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Black MMC enrollees are **nearly twice** as likely as Whites to report needing help with personal care needs.
- ❖ Black MMC enrollees are also **more likely** to report needing help with routine needs, compared with Whites.
- ❖ MMC enrollees of both races are **more likely** to require help with routine needs than with personal care needs.

### EXHIBIT 4-11. TOP FIVE HEALTH CONDITIONS AMONG MMC CAHPS ENROLLEES, BLACK VS. WHITE

Rank	Black	White
1	Diabetes	Heart Disease
2	Heart Disease	Cancer
3	Cancer	Diabetes
4	Stroke	Stroke
5	COPD	COPD

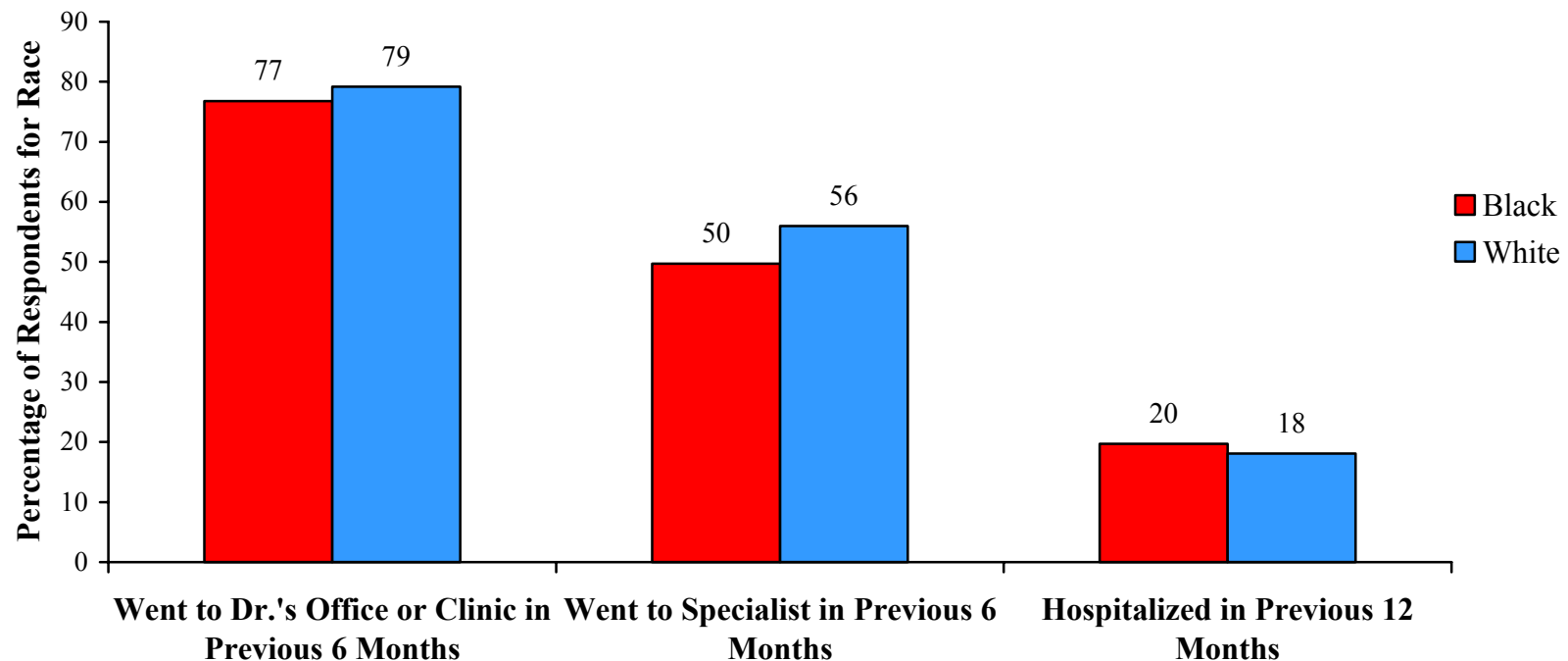
Source: MMC CAHPS surveys for 1997, 1998, and 1999.

- ❖ **Diabetes** is the number one reported disease for Blacks among the five contained in the MMC CAHPS surveys, whereas it is third among Whites.
- ❖ For White MMC enrollees, **heart disease** is the most frequently reported disease.

## **HEALTH CARE UTILIZATION**



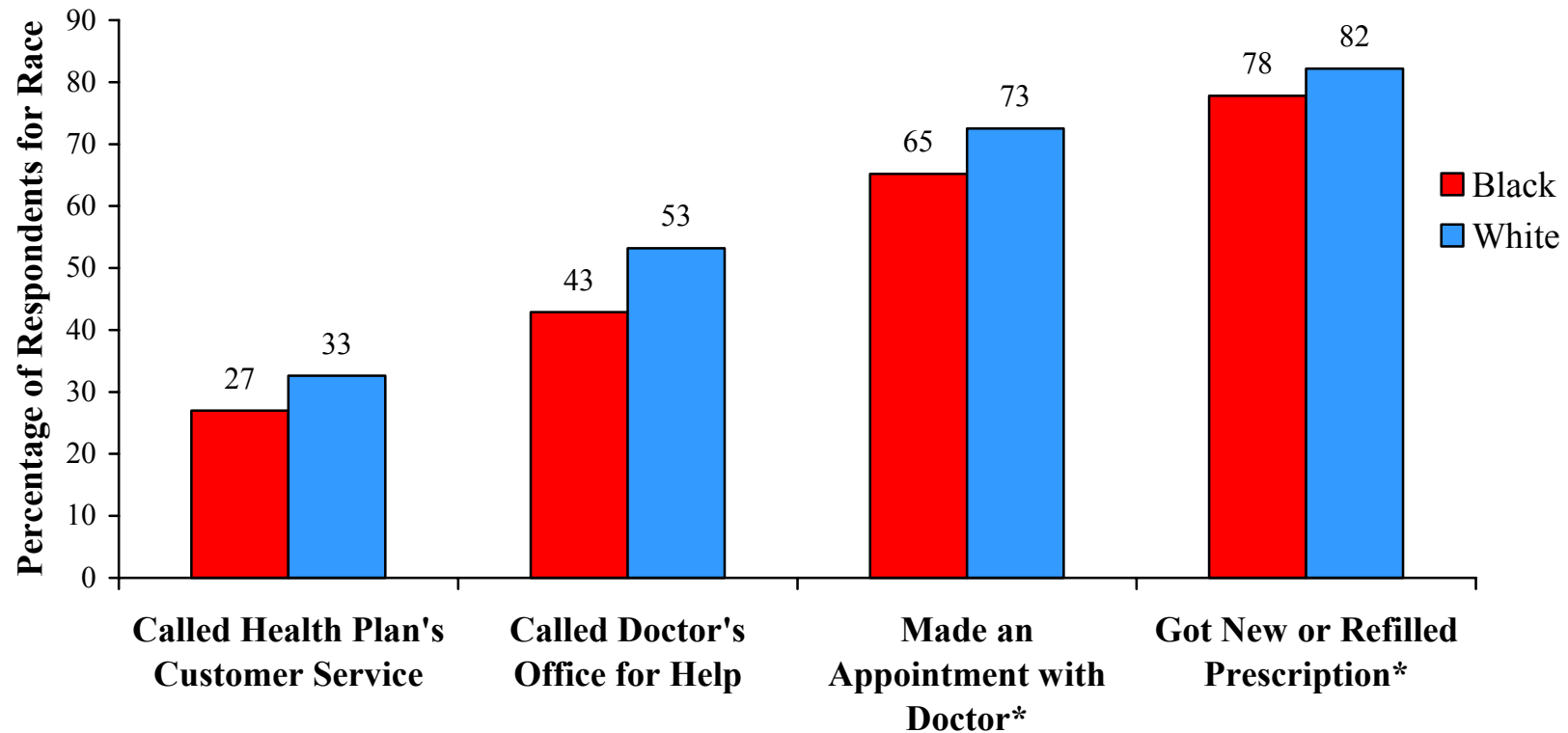
### EXHIBIT 4-12. UTILIZATION OF DOCTORS AND HOSPITALS BY MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Black MMC enrollees are slightly **less** likely than Whites to have gone to a doctor's office or clinic in the previous six months. Blacks are much less likely than White enrollees to have seen a specialist.
- ❖ However, Blacks are slightly **more** likely to have been hospitalized in the previous 12 months.
- ❖ Among aged beneficiaries in the original Medicare fee-for-service program, Blacks are **more** likely to be hospitalized for each of five health conditions than Whites are.<sup>1</sup>

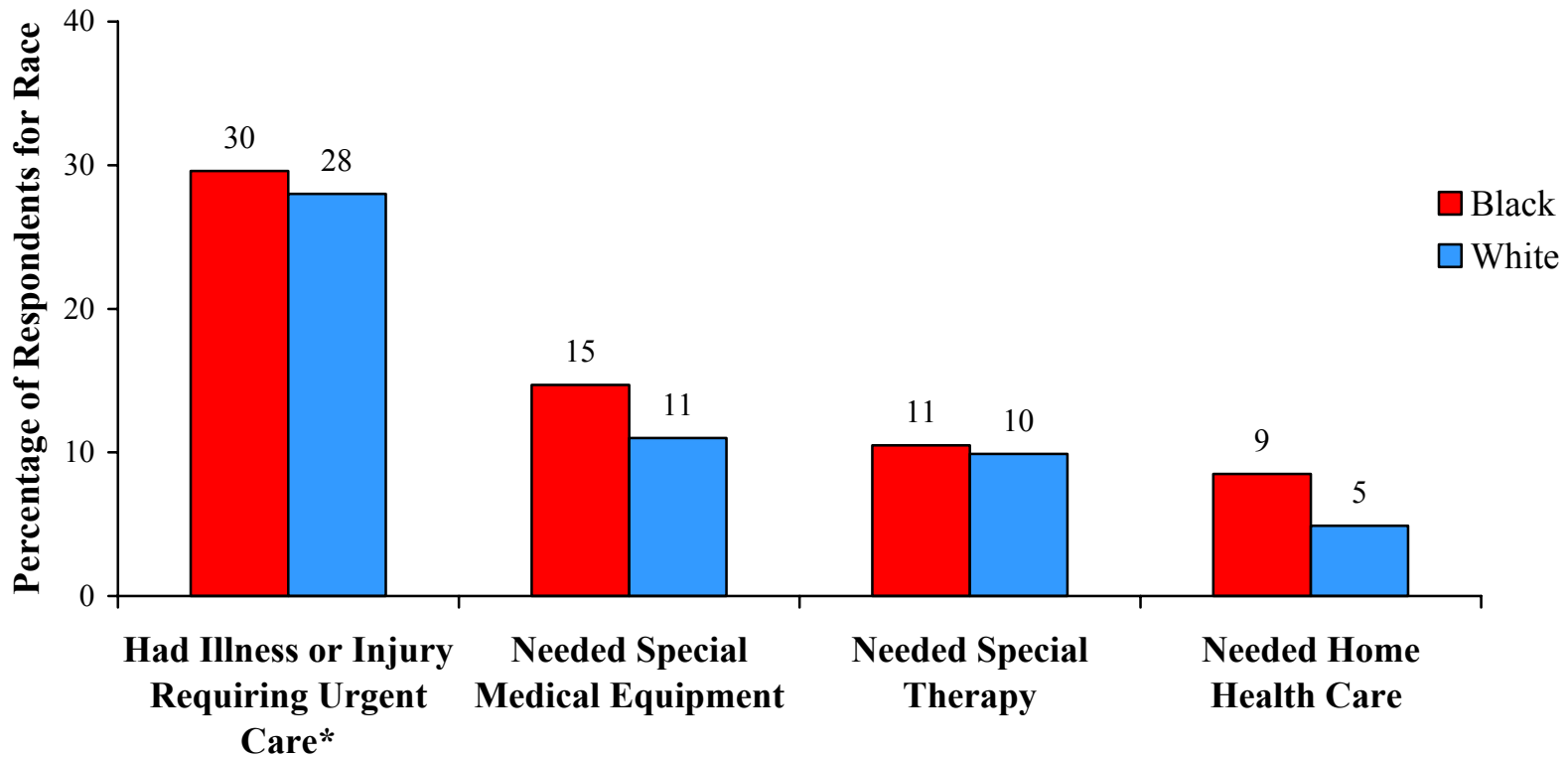
### EXHIBIT 4-13. HEALTH CARE-RELATED ACTIVITIES IN PREVIOUS SIX MONTHS FOR MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999 unless otherwise indicated. \*Based on 1998 and 1999 MMC CAHPS data only.

- ❖ Black MMC enrollees are **less** likely than Whites to engage in several health-care related activities.
- ❖ Getting prescriptions and making doctor appointments are **more** common than calling a health plan or a doctor's office for help among MMC enrollees of both races.

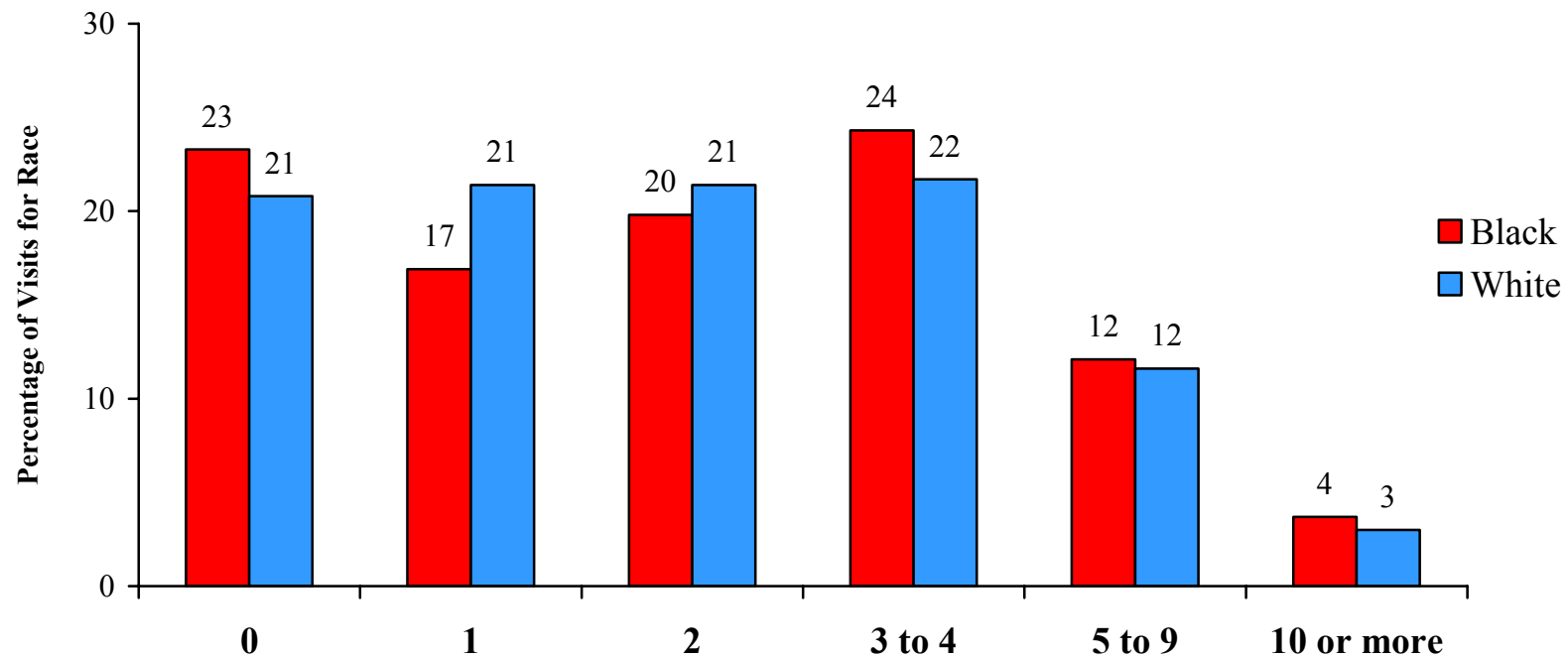
### EXHIBIT 4-14. SPECIAL HEALTH CARE NEEDS IN PREVIOUS SIX MONTHS FOR MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999 unless otherwise indicated. \*Based on 1998 and 1999 MMC CAHPS data only.

- ❖ Special health care requirements are **greater** for Black MMC enrollees than for Whites, but the differences are generally small in percentage point terms.
- ❖ Black MMC enrollees are **nearly twice** as likely as Whites to report needing home health care, although fewer than 10% of persons of either race report such a need.

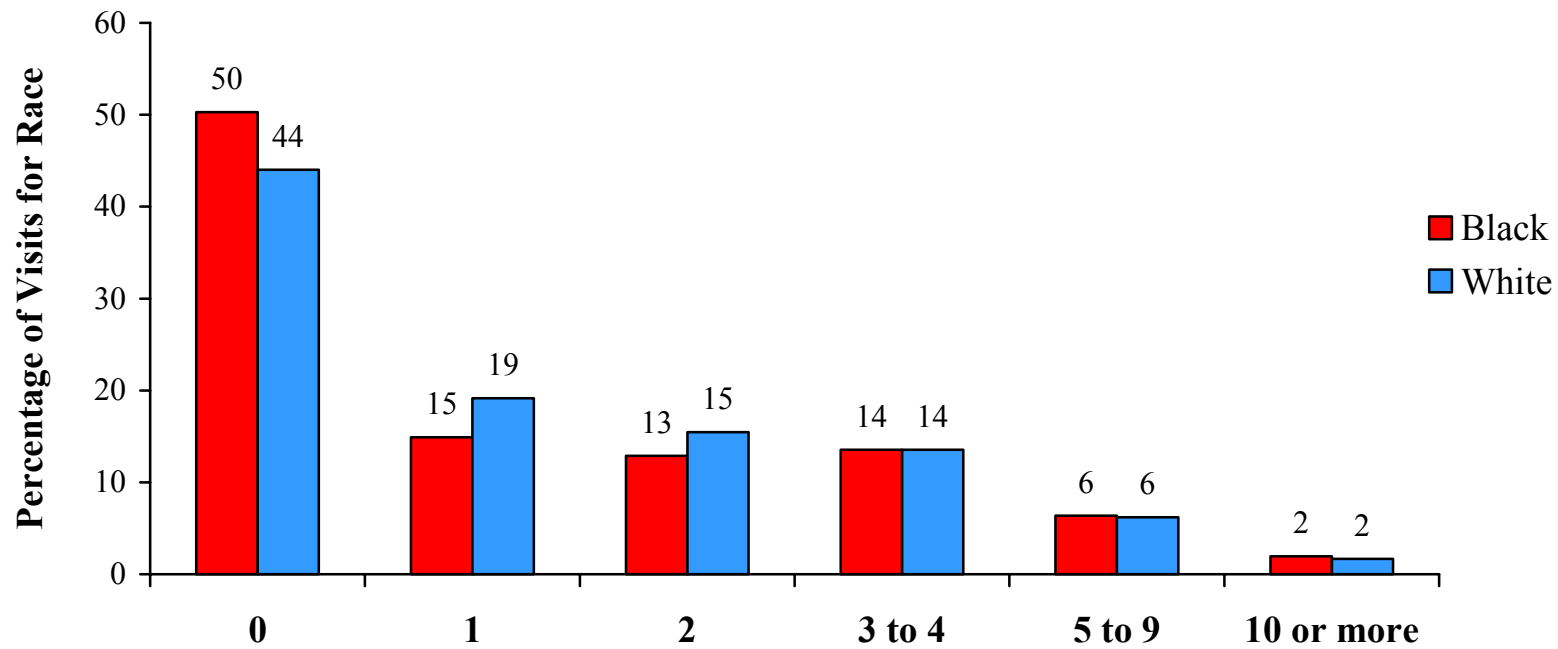
### EXHIBIT 4-15. TIMES WENT TO DOCTOR'S OFFICE IN LAST SIX MONTHS AMONG MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Black MMC CAHPS enrollees were **less likely** than Whites to have gone to a doctor's office, but were more likely to see a doctor three or more times.
- ❖ Blacks are **less** likely to report having a personal physician, so they may be more reluctant to seek care until their health has deteriorated considerably, thereby necessitating more follow-up visits. In addition, Blacks are more susceptible to **diabetes**, which may require more frequent doctor visits.
- ❖ Black Medicare beneficiaries have 18% **fewer** physician office visits than White beneficiaries.<sup>2</sup>

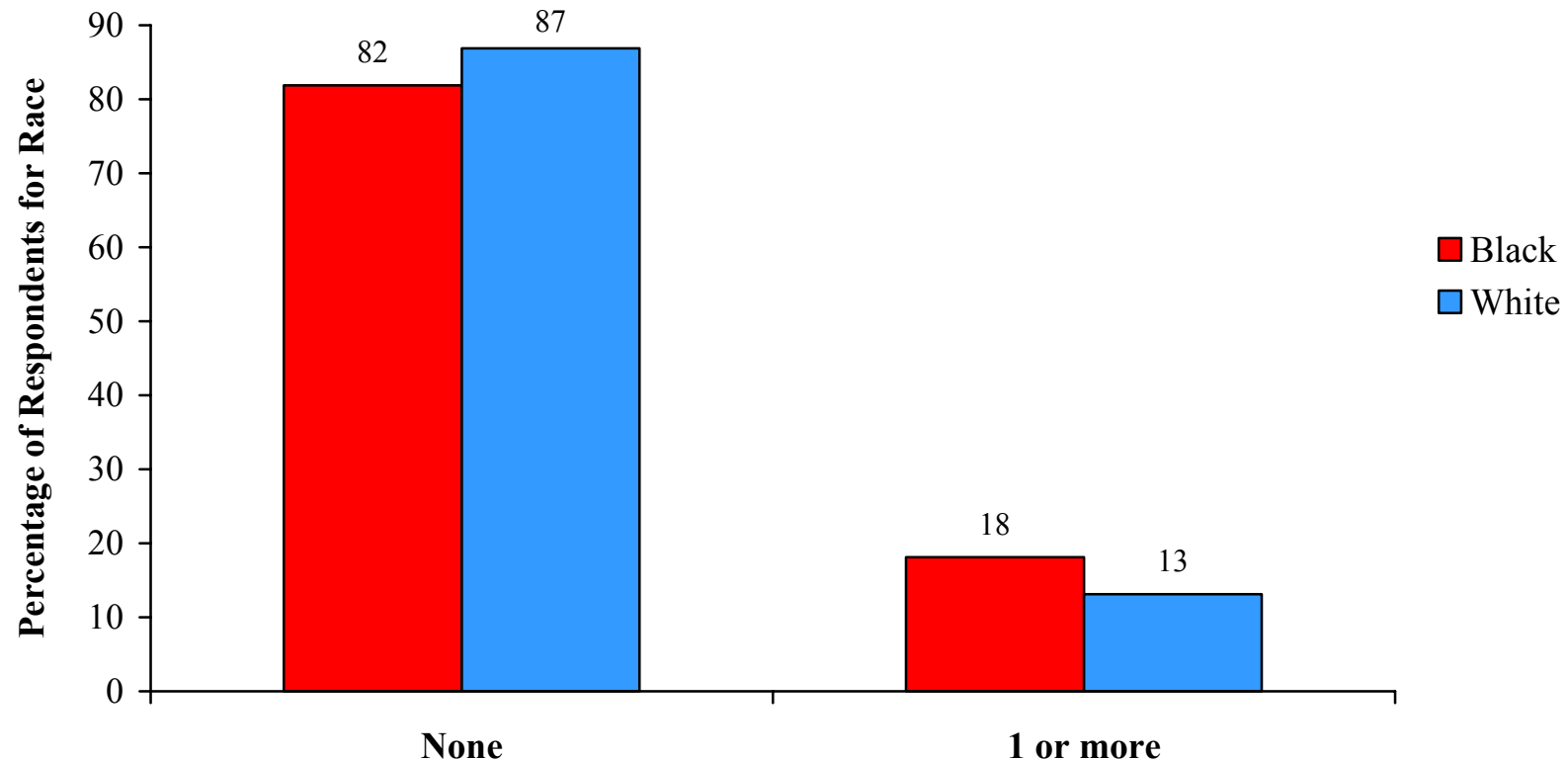
### EXHIBIT 4-16. TIMES WENT TO A SPECIALIST IN LAST SIX MONTHS AMONG MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1998 and 1999.

- ❖ Black MMC enrollees are **less** likely than White MMC enrollees to go to a specialist.
- ❖ Black Medicare beneficiaries have 23% **fewer** specialist visits than White Medicare beneficiaries do.<sup>3</sup>
- ❖ Additionally, 8% of Black Medicare beneficiaries reported they were unable to see a specialist when needed, compared with only 2% of White Medicare beneficiaries.<sup>4</sup>
- ❖ Although Black Medicare beneficiaries have a **higher** rate of late-stage colon cancer and are **more** likely to die from the disease, they receive 39% **fewer** sigmoidoscopies and 12% **fewer** colonoscopies.<sup>5</sup>

### EXHIBIT 4-17. TIMES WENT TO EMERGENCY ROOM IN LAST SIX MONTHS AMONG MMC CAHPS ENROLLEES, BLACK VS. WHITE

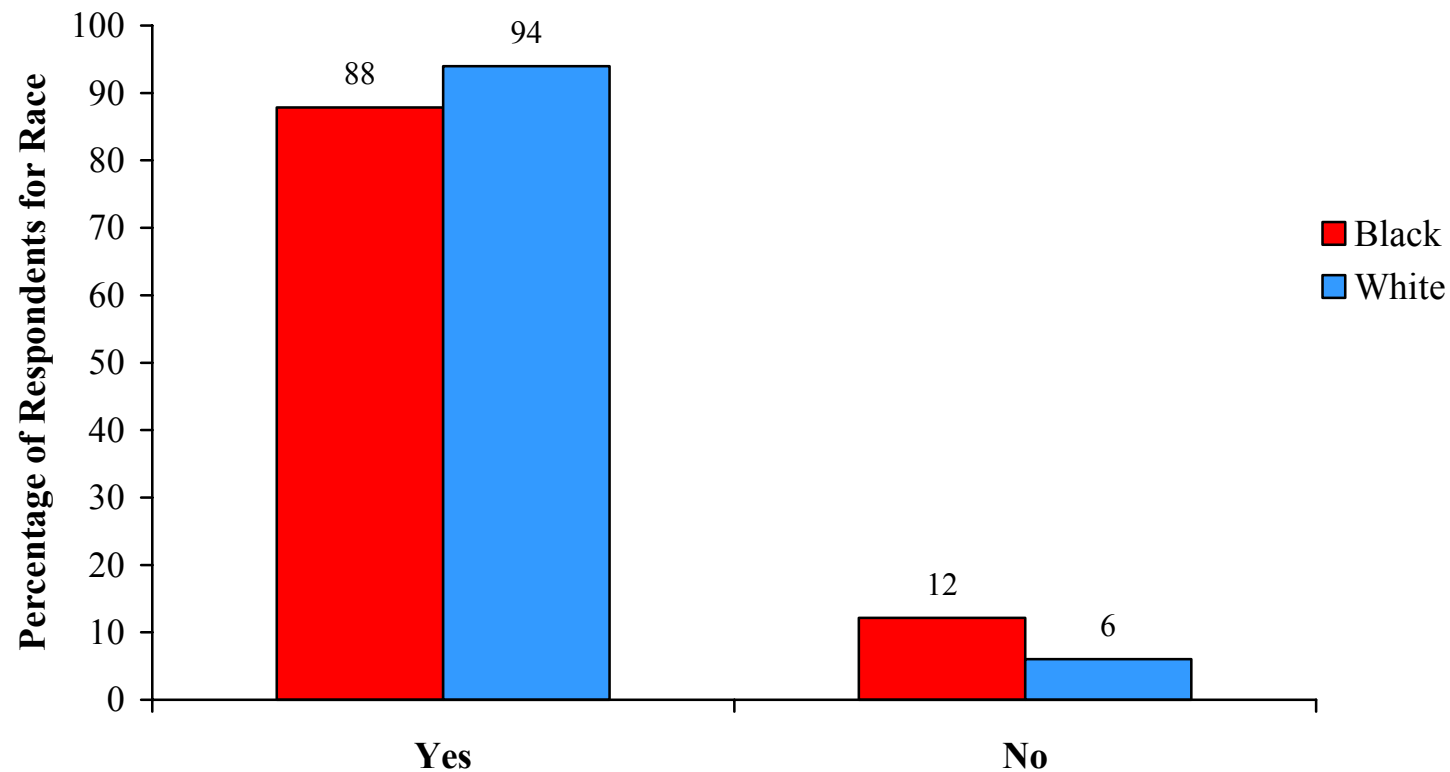


Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Fewer than 20% of persons of either race went to an emergency room during a six-month period.
- ❖ Blacks were significantly (38%) more likely than Whites to go to an emergency room.

## **PROVIDER STABILITY**

### EXHIBIT 4-18. PERCENTAGE OF MMC CAHPS ENROLLEES WHO REPORT HAVING A PERSONAL PHYSICIAN, BLACK VS. WHITE

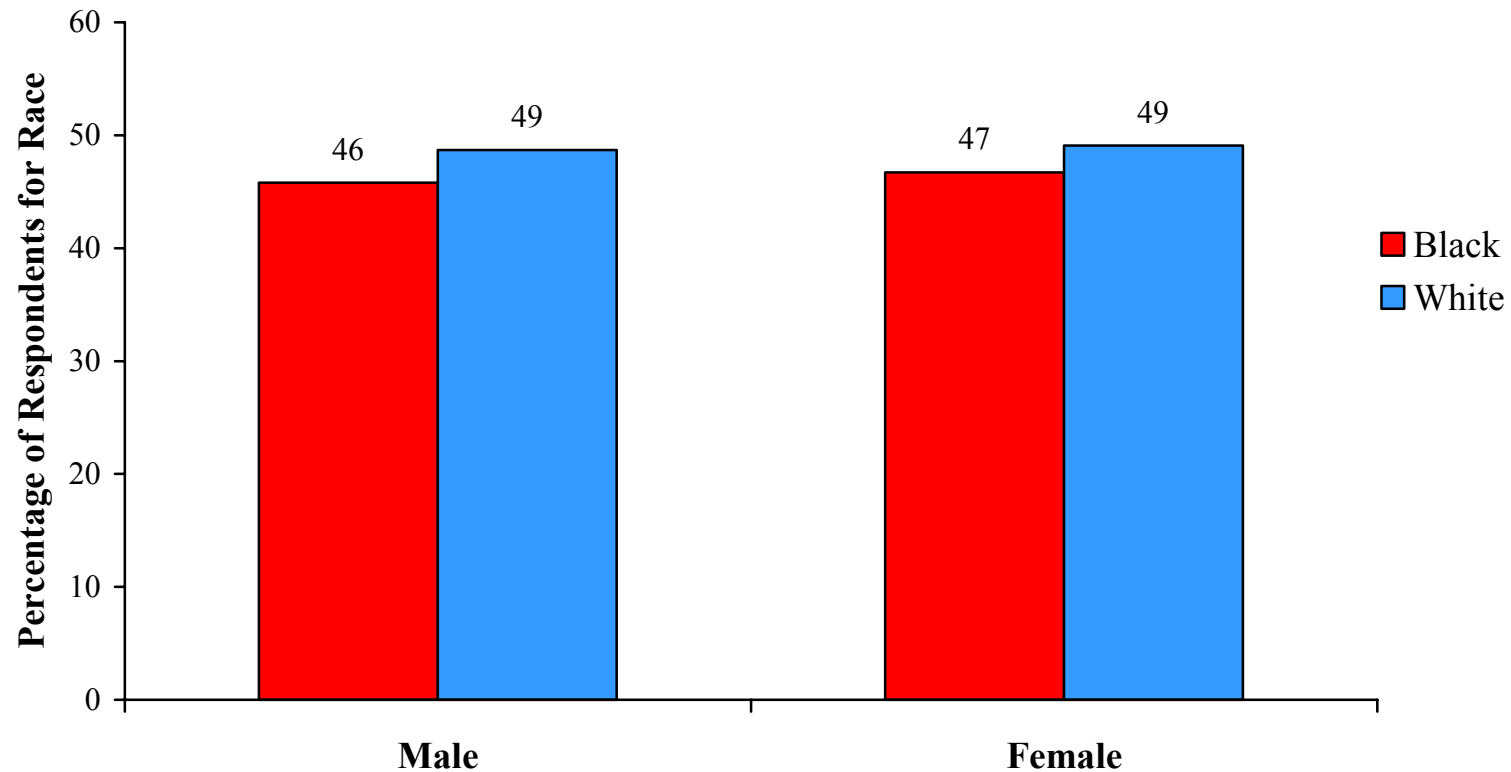


Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

- ❖ Nearly all MMC enrollees said they have one person they think of as their personal doctor or nurse.
- ❖ Blacks, however, are less likely than Whites (88% versus 94%) to report having a personal physician.



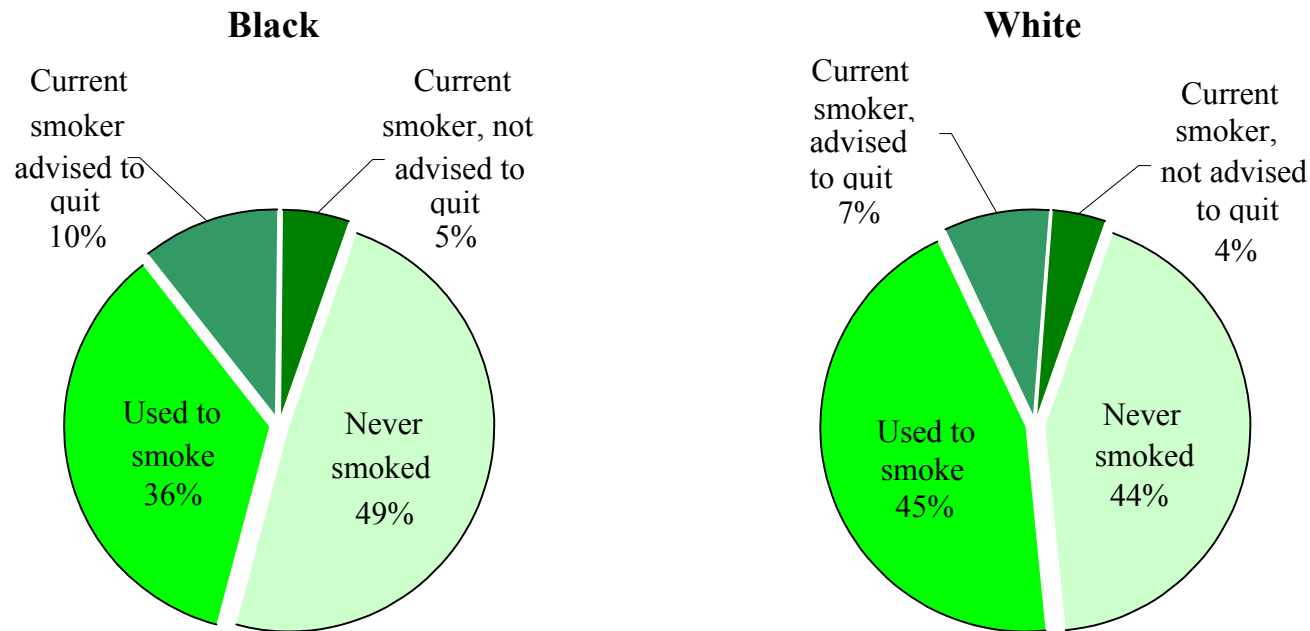
### EXHIBIT 4-19. PERCENTAGE OF MMC CAHPS ENROLLEES WHO GOT A NEW PERSONAL PHYSICIAN SINCE JOINING THEIR PLAN, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1997, 1998, and 1999.

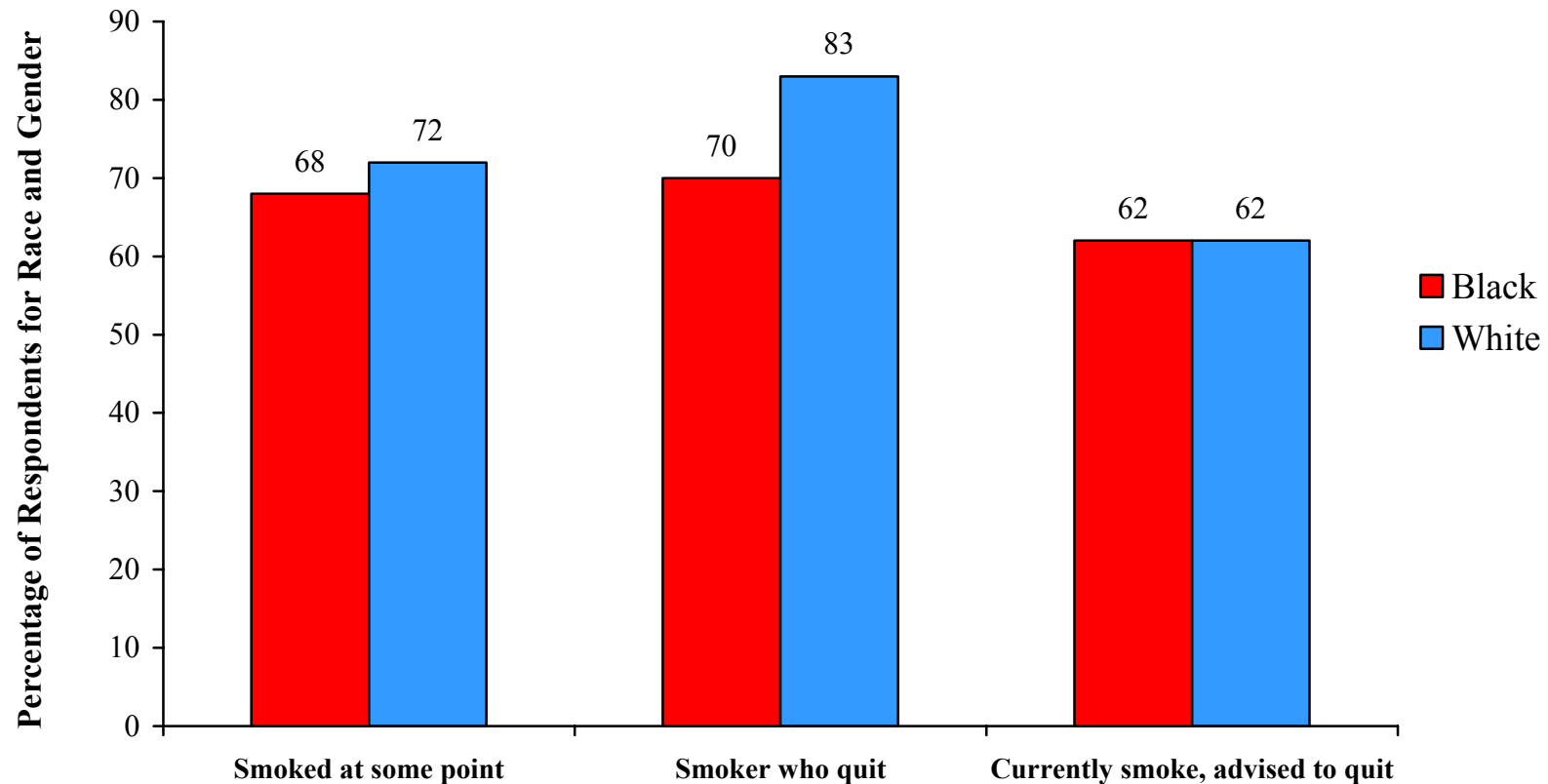
- ❖ Blacks are **slightly less likely** than Whites to have gotten a new physician since joining their plan.
- ❖ There are only **small** differences between Blacks and Whites of a given gender in the likelihood of having a new personal physician.

## **CURRENT AND FORMER TOBACCO USE**

**EXHIBIT 4-20. TOBACCO USE BY MMC CAHPS ENROLLEES, BLACK VS. WHITE**

Source: MMC CAHPS Surveys for 1998 and 1999.

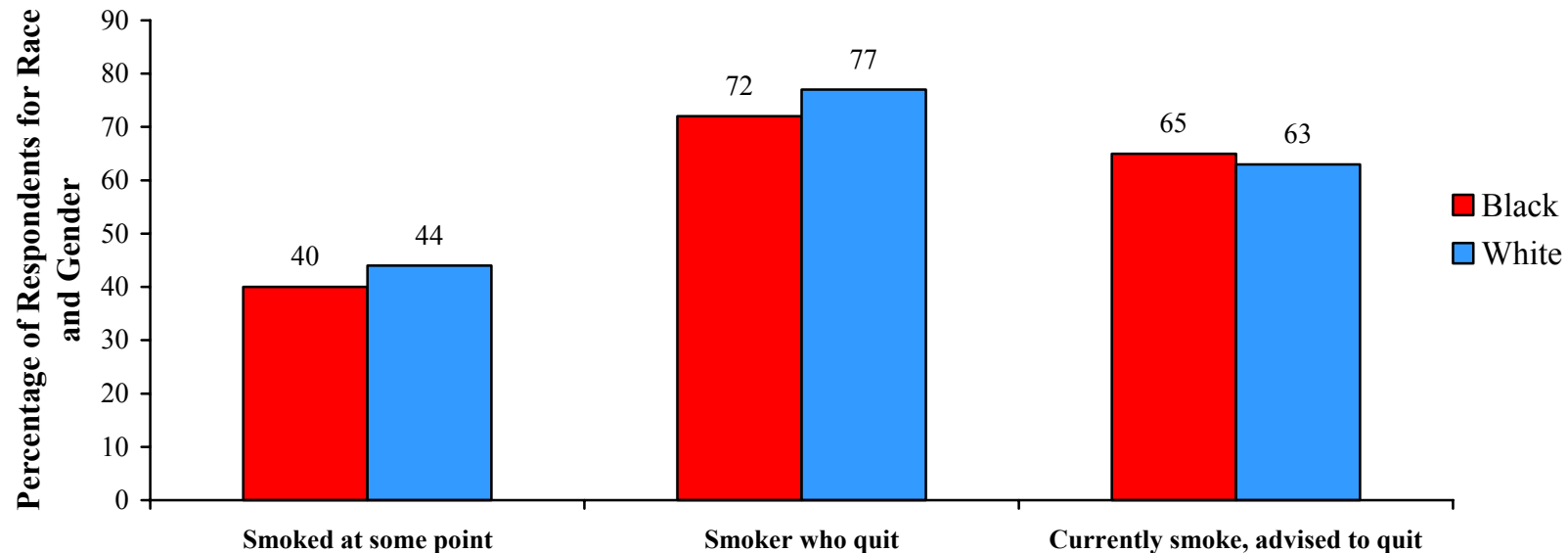
- ❖ Black MMC enrollees are **less likely** than Whites to ever become a regular user of cigarettes.
- ❖ A **higher** proportion of Blacks currently smokes (15%), compared with Whites (11%).
- ❖ Blacks who are 65 years and older are **more likely** to smoke (17.5%) than are elderly Whites (11.7%).<sup>6</sup>

**EXHIBIT 4-21. TOBACCO USE BY MALE MMC CAHPS ENROLLEES, BLACK VS. WHITE**

Source: MMC CAHPS Surveys for 1998 and 1999.

- ❖ Black male MMC enrollees are **less** likely than Whites to start smoking, but those who do are less likely to quit.
- ❖ Black and White male MMC enrollees who smoke are equally likely to be advised to quit.
- ❖ Black men 65 and older smoke at a **higher** rate (25.6%) than elderly White men (12.2%).<sup>7</sup>

### EXHIBIT 4-22. TOBACCO USE BY FEMALE MMC CAHPS ENROLLEES, BLACK VS. WHITE



Source: MMC CAHPS Surveys for 1998 and 1999.

- ❖ Black MMC female enrollees are **less** likely to start smoking than White MMC female enrollees are, but those who do are **less successful** in quitting.
- ❖ Black female smokers are slightly **more** likely than White females to be advised to quit.
- ❖ Women are **far less** likely than men to start smoking. Black female smokers are slightly **more** successful in quitting than Black male smokers are, but White female smokers are **much less** successful in quitting than White men are.
- ❖ There are small differences by gender and race in whether or not a smoker is advised by a doctor to quit.
- ❖ Elderly Black women (12.5%) are **more** likely to smoke than White women are (11.3%).<sup>8</sup>

## Endnotes

<sup>1</sup> Eggers, PW, Greenberg, LF. Racial and Ethnic Differences in Hospitalization Rates Among Aged Medicare Beneficiaries, 1998. *Health Care Financing Review* 21 (Summer 2000): 91-105.

<sup>2</sup> Commonwealth Fund. *Briefing Note. Disparities in the use of Medicare Services*, August 2000.

<sup>3</sup> Ibid.

<sup>4</sup> Henry J. Kaiser Family Foundation. *Key Facts Race, Ethnicity & Medical Care* (October 1999) 21.

<sup>5</sup> Commonwealth Fund. *Briefing Note. Disparities in the use of Medicare Services*, August 2000.

<sup>6</sup> National Center for Health Statistics, Current Cigarette Smoking by Sex, Age, and Race, National Health Information Survey [Table]. Available at: <http://www.cdc.gov/nchs/about/otheract/aging/trenddata.htm>.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.